



Complete Summary

TITLE

Obstetrics: percentage of selected primipara with an intact perineum.

SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of selected primipara with an intact perineum.

RATIONALE

Vaginal birth is the most common cause of anal sphincter injuries in women and as such obstetric anal sphincter injury is considered a major complication of vaginal birth – a complication that can have a significant impact on a woman's quality of life.

PRIMARY CLINICAL COMPONENT

Obstetrics; primipara; vaginal delivery; intact perineum

DENOMINATOR DESCRIPTION

Total number of selected primipara delivering vaginally (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Total number of selected primipara with an intact perineum (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [The management of third- and fourth-degree perineal tears.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Selected primipara delivering vaginally

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of selected primipara* delivering vaginally

**Selected primipara is defined as:*

- A woman who is 20-34 years of age at the time of giving birth
- Giving birth for the first time at greater than 20 weeks of gestation
- Singleton pregnancy
- Cephalic presentation
- At 37 weeks to 41 weeks gestation

Refer to the original measure documentation for specific International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes.

Exclusions

Refer to the original measure documentation for specific ICD-10-AM codes to be excluded.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of selected primipara with an intact perineum*

**Perineum* is defined as anatomically, the perineum extends from the pubic arch to the coccyx and is divided into the anterior urogenital and posterior anal triangle. Anterior perineal trauma is defined as injury to the labia, anterior vagina, urethra or clitoris. Posterior perineal trauma is defined as any injury to the posterior vaginal wall, perineal muscles or anal sphincters and may include disruption of the anal epithelium.

Exclusions

Refer to the original measure documentation for specific International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes to be excluded.

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Indicator area 3: major perineal tears & surgical repair of the perineum CI 3.1.

MEASURE COLLECTION

[Australian Council on Healthcare Standards \(ACHS\) Equip Clinical Indicators](#)

MEASURE SET NAME

[Obstetrics Indicators](#)

DEVELOPER

Australian Council on Healthcare Standards

FUNDING SOURCE(S)

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association
- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1995 Jan

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2008. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007 Dec. 776 p.

SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

MEASURE AVAILABILITY

The individual measure, "Indicator Area 3: Major Perineal Tears & Surgical Repair of the Perineum CI 3.1," is published in "ACHS Clinical Indicator Users' Manual 2009."

For more information contact, the Australian Council on Healthcare Standards (ACHS), 5 Macarthur Street, ULTIMO NSW 2007; Phone: (02) 9281 9955; Fax: (02) 9211 9633; E-mail: pos@achs.org.au; Web site: www.achs.org.au.

COMPANION DOCUMENTS

The following is available:

- Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p. This document is available in Portable Document Format (PDF) from the [Australian Council on Healthcare Standards \(ACHS\) Web site](http://www.achs.org.au).

NQMC STATUS

This NQMC summary was completed by ECRI Institute on October 21, 2008. This NQMC summary was updated by ECRI Institute on June 30, 2009.

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